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THE FUTURE OF NURSING SERVICE AND NURSING  
EDUCATION<sup>1</sup>

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Without assuming the role of a prophet, I will hazard at the outset that the future of nursing service and the ideals of nursing education will be greatly changed from what they are at the present time. There are those, I know, who feel that perhaps we have already gone too far in the preparation required of a nurse and that the standards we have set are accountable for the shortage which now exists in the ranks of the nursing profession. Contrary to this somewhat widely held opinion, it is my belief that revision of our standards of nursing and our curricula must be upward rather than downward. High requirements are not of themselves the cause of the shortage of nurses.

Our conflicting views regarding the remedies to be applied to a solution of the problems in nursing are, after all, incidental to the world wide condition of unrest. We, as hospital executives, are most keenly conscious of this particular phase of the world's difficulties and in our desire to improve the situation we should not be led by mere promises of relief into actions which will make our position infinitely worse. The conditions in other lines of endeavor are quite as chaotic as in the field of nursing. The shortage of nurses isn't a circumstance compared with the dearth of domestic help or the lack of farm labor, so that if we are faced with the problem of providing nursing care for the sick, we should be equally concerned with the difficulties soon to be encountered in securing food, not only for the sick, but for the well. All of these annoying problems, however, must sometime be settled. A settlement does not necessarily mean, however, a return to former conditions. The very agony that we are enduring should enliven our hope that a better state is in store. We must make what we have endured the way to a better understanding of living and of life. With all of the present chaos there is a constantly increasing tendency on the part of most people to consider the welfare of others. Service to mankind, more now than ever before, is a measure of an individual's success. Organizations built entirely on the motive of unselfish service to others have grown remarkably in the last few years. People are not reluctant to try out new ideas and a general inventory of the state of the world to-day will show that we have made enormous progress.

<sup>1</sup> A paper read before the Michigan Hospital Association.

Nursing, within the last twenty years, has attained the dignity of a profession. While it is often said by those who are concerned chiefly with their own particular difficulties that what is needed is more of the good old fashioned type of nursing, the real fact is that they would be loudest in their lamentations if we should go back to the old order. When nursing care is necessary, the most highly educated and adequately trained nurse is the one who will give the greatest service. Nursing has only emerged from its period of medieval darkness. The barber is only a little farther removed from the surgeon than the Sairey Gamp is from the modern trained nurse and still we have in medicine many members of the profession who fail quite as signally as some of our so-called nurses in living up to the ideals of their profession. If a comparatively few nurses have become mercenary, it is not that this attitude is peculiar to the profession. If one were to inquire into the professional success of the average doctor, he would find it very largely measured by the amount of "business" done. I am not trying to justify the shortcomings of the nursing profession; I would simply offer the suggestion that all of us are human and conclusions arrived at on the basis of the conduct of even a large number of individuals in any walk of life should not prejudice us against the group as a whole. Is it not probable that both medicine and nursing are entering a new era and that the present, however uncomfortable it may be, is only a transition period? In his presidential address to the State Medical Society, Dr. Charles H. Baker stated that there were eighty communities in Massachusetts without the services of a physician, although all of these communities had had one or more physicians within the past few years. Fewer doctors are being graduated each year and, on the basis of past conditions, there is a great shortage of doctors even at the present time. However, as I am trying to point out, we cannot accept conditions of the past as our standards for the future. Medical practice is changing in character and nursing is undergoing a similar transition. High grade medical service, including diagnosis and treatment by specialists, is often beyond the pecuniary resources of the average individual, especially when he has had the misfortune to have his earning power curtailed or destroyed by any long period of illness or of sickness in his family. So that it is quite as true that medical service is unavailable to those who are unable to pay large fees as it is that nursing care is not within their means.

Among the remedies proposed for the problem of supplying better medical service are health insurance and state medicine or their modifications. I shall not enter into a discussion of this problem farther than to give my conclusions from a somewhat extensive study,

that neither health insurance as advocated nor universal state medicine will supply the present day need. At the same time, the people have it within their power to secure adequate medical attention through community action which, in effect, is a method to insure health including, however, every member of the community. As the private practice of medicine will to an extent become supplanted by group practice in numerous community health centers, so private duty nursing must inevitably give way to a plan of practice which will permit one nurse to care for a large number of patients. The visiting nurse, attached to the health center, under the direction of the medical group, will enter what has formerly been considered a field held solely by the doctor. It is altogether probable that the practice of medicine and nursing of the future will come together in the hospital as a center. Preventive medicine will flourish and will appeal more and more to the professions of medicine and nursing and to the public as the logical direction in which progress in the saving of life must develop. As Dr. Vaughan of the Medical School has said, "Preventive medicine and curative medicine cannot be separated." Both embrace a field of such magnitude that no one individual can acquire sufficient knowledge to be a master in all of the specialties. There will continue to be a rapid growth in the number of hospitals as the public gains knowledge of the means of preserving health and preventing disease. The hospital must then, if it fulfills its mission, be in a position to guarantee to the patient who comes to it for advice and treatment the very best that medicine and nursing can give. This means increasingly high standards for both of the professions primarily established to promote the art of healing.

To meet the requirements for nursing service in the future, nursing education must undergo a considerable transformation. It is only within recent years that training schools have become anything more than convenient excuses for the enrollment of young women for exploitation in the service of hospitals. Training schools have been established by hospitals merely as a means of securing nursing service at low cost. The obligation of the hospitals to give something in return has been altogether too lightly regarded. It is little to be wondered at that young women developed for their life work, with such ideals actuating the institutions in which they receive their training, are occasionally not appreciative of their high obligations to society. It is in fact remarkable that the nursing profession has shown such a high order of altruism as it has. With training schools now awakening to the needs of the hour and recognizing their duty, the outlook is most encouraging for a higher standard of ethical perfection.

The education of nurses may be divided into three parts, first, preliminary education, second, pre-nursing education and third, special instruction and practical training. The amount of instruction required in each of these divisions will vary with the type of nursing service which will be required of the individual nurse.

In a general way we may conclude that there is at least a tendency for the development of two classes of nurses just as there are two classes of physicians. As we have practitioners of medicine on the one hand and specialists and teachers on the other, so in nursing, we shall have a class, more particularly rendering the usual bedside service heretofore expected of the nurse, and a second group taking up special lines including nursing education. For the first class, a preliminary education before beginning the nurses' training of the equivalent of a high school education, obviously, is all that is necessary. However, before a young woman enters the training school for practical instruction, she should be given a considerable period of theoretical education. In this way her class work will not interfere with her practical duties and she will more quickly gain a theoretical knowledge of the subjects required in her education. This preliminary term for this type of nurse should not be less than an ordinary school term of four and one-half months. After this period a young woman is prepared more intelligently to take up her special training in practical subjects, both in the class room and in the wards. After two years of such training, preceded by a proper preliminary nursing education as above indicated, the nurse should be qualified to take up her life work. For the class of nurses preparing themselves for more highly specialized work, college preparation is highly desirable. Three years in college, spent in the study of selected subjects preceding a practical training in the hospital of two additional years, should give a nurse a well grounded education which would prepare her to meet the demands of her profession. The college preparation should not be too strictly limited to the purely scientific subjects, but should offer a liberal admixture of subjects which are ordinarily classified as cultural. The object of the special preparation, after all, is chiefly to equip the student to meet people intelligently and to appreciate their problems. Without such training a nurse will be seriously handicapped if she wishes to enter such special fields as public health, social service, nursing education and so forth. That there may be a place for another class, capable of rendering what might be termed the mechanical part of nursing service, is probable. However, this particular field, in my opinion, will be very limited. Here it is conceivable that we are more directly concerned with the training of a better class of domestics who can render, under

the direction of trained nurses such services as are necessary in the care of people who are not seriously ill or who can come into homes and take the place of the homekeepers who may be ill and who are being cared for in the proper place, which is the hospital.

Possibly I am somewhat visionary when it comes to a conception of what the nurse of the future will be, but I am fearful unless we adopt a more generally forward looking view than exists at the present in the minds of many hospital executives, members of the medical profession and even nurses themselves, that the shortage of nurses will become more, rather than less of a problem and that the public will suffer from our failure to perceive the real fundamental facts.

#### NEWS ITEMS

The Massachusetts State League of Nursing Education has recently followed the course of lectures given last year on Principles of Teaching by a series of observation classes and demonstration, which have been given by various members of the organization. Miss Katherine Shute, head of the English Department, Boston Normal School, has supervised these classes and has conducted the discussions on methods of teaching. The interest and enthusiasm shown by the nurses who took this course was remarkable; the excellent attendance keeping up in spite of bad weather and winter storms. Some of the nurses came a distance of about sixty miles, returning home on a late train.

The following classes were given: Personal Hygiene, Katherine Smith; Milk Modification (demonstration), Sarah Egan; Laboratory Technique, Frances Morly; Practical Training, Anabella McCrae; Surgical Technique, Frances Ladd.

The June issue of the State Charity Aid Association News (New York) is a "Nursing" number. An interesting account is given of the Nightingale dinner held on May 12th, which was attended by more than 500 people. Nurse addresses which were given by Homer Folks, Major General Ireland, Miss Goodrich, Hon. P. Whitwell Wilson and Dr. Livingston Farrand, are summarized and form a very interesting contribution to the literature of this Nightingale Centennial year.